APR 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8294

1. PLACE OF DEATH

County Franklin — Registration District No. 276

Township — Primary Registration District No. 2180

City Union (No. ..., ... St. ... Ward)

File No. ...

Registered No. ...

2. FULL NAME Gloyd. F. Harris

(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15th 1913

7. AGE: 16 YEARS, 6 MONTHS, 9 DAYS. If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe Worker
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer: Hammilton Brown Factory

9. BIRTHPLACE (CITY OR TOWN) Peroia
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER: Fay. G. Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dodge City
(STATE OR COUNTRY) Kanas
12. MAIDEN NAME OF MOTHER: Mabel. A. Wells
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Knox
(STATE OR COUNTRY) County, Ill.

14. INFORMANT Mrs. Mabel. A. Harris
(Address) Union, Mo.

15. FILED April 1 1930 Ea Stuberg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-31 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-18, 1930, to 3-31, 1930, that I last saw him alive on 3-31, 1930 and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Bronchi - Pneumonia

10 hr 1000 (duration) yrs. mos. 12 ds.

CONTRIBUTORY ✓ (SECONDARY) ... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? His Houses

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. H. Walker, M.D.

4/1, 1930 (Address) Union Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Union Cemetery, Union, Mo.

DATE OF BURIAL: April 2 1930

20. UNDERTAKER: William H. Horn

ADDRESS: Union Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.